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STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Heaven Sent Helpers, LLC dba Advanced Cure  
Transportation

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2014 - 31 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Heaven Sent Helpers, LLC

Telephone: (803)446-3151

Address: 1825 St. Julian Place

Fax: (800)701-3295

Ste B-3

Other:

Columbia, SC 29204

Email: heavensent79@hotmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☒ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☐ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate  
of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*[Handwritten signature]*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: August 4, 2014

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)  
Heaven Sent Helpers, LLC  
1825 St. Julian Place. Ste B-3 Columbia, SC 29204  
Street Address of Applicant  
Mailing Address of Applicant (if different from street address)  
(803) 446-3151 (800) 701-3295  
Phone Fax  
heavensent79@hotmail.com  
Email Address

*aka Advanced Care Transportation*  
*(see cover sheet)*

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and addresses of all person having an interest in the business.  
☒ Corporation - List names and addresses of two principal officers.

Aisha McNary 1825 St. Julian Place Ste. B-3 Columbia, SC 29204

Aaliyah McNary 7600 Yorkhouse Road Columbia, SC 29223

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:  
 Month August Year 2014

### Assets:

Cash	<b>\$1,000.00</b>
Receivables	<b>0</b>
Real Estate	<b>0</b>
Buildings and Equipment (Net)	<b>0</b>
Motor Vehicles (Net)	<b>\$5,000.00</b>
Garage Equipment (Net)	<b>0</b>
Machinery and Tools (Net)	<b>0</b>
Supplies on Hand	<b>0</b>
Prepays and Other Assets	<b>0</b>
<b>Total Assets*</b>	<b>\$6,000.00</b>
 <b><u>Liabilities and Equity:</u></b>	
Accounts Payable	<b>0</b>
Notes Payable	<b>0</b>
Mortgages Payable	<b>0</b>
Equipment Obligations	<b>0</b>
Accrued Salaries and Wages	<b>0</b>
Other Accrued Obligations	<b>0</b>
Other Liabilities	<b>0</b>
<b>Total Liabilities</b>	<b>0</b>
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	<b>\$6,000.00</b>
<b>Total Liabilities and Equity*</b>	<b>\$6,000.00</b>

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

**\$3.00 per mile**

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

## DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Heaven Sent Helpers, LLC.

Name of Applicant

1825 St. Julian Place Columbia, SC 29204

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance \$ 3200

Limits 1000 000

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000

\* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

8-15 Passengers\* \$ 25,000/100,000/25,000

American Service

Name of Insurance Company

2843A W Palmetto Street Florence SC 29501

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8-15-2014  
Date

[Signature]  
Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Heaven Sent Helpers, LLC

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

### **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes                      ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes                      ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes                      ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes                      ☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes                      ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application.

☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

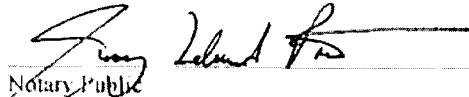
Owner

Title of Applicant (e.g. President, Owner, etc.)

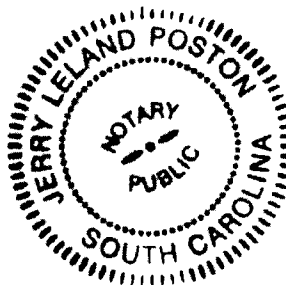
STATE OF SOUTH CAROLINA )

COUNTY OF Florence )

SWORN TO BEFORE ME  
This 15 day of August, 20 14

  
Notary Public

Commission Expires 2/7-2019



# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Heroby cortify that:**

HEAVEN SENT HELPERS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 23rd, 2013, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
23rd day of August, 2013.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State

## Janice.Schmieding

---

**From:** jerry poston <jerry@hospitality-ins.com>  
**Sent:** Friday, August 15, 2014 10:17 AM  
**To:** Janice.Schmieding  
**Cc:** jessica@hospitality-ins.com  
**Subject:** RE: heaven sent psc app

I didn't notice that and I called insured and they want this with the DBA. DO we need to change any of the paperwork?

Thank You,

Jerry Poston  
Insurance Agent  
Hospitality Insurance Agency, LLC  
2843-A W Palmetto Street  
Florence, SC 29501  
Phone: 843-407-5082 x 101  
Fax: 843-536-0782  
Email: [jerry@hospitality-ins.com](mailto:jerry@hospitality-ins.com)  
Website: [www.hospitality-ins.com](http://www.hospitality-ins.com)  
"Please ask about our Group Benefits or Life Products!"



Check Us Out!

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**From:** Janice.Schmieding [<mailto:Janice.Schmieding@psc.sc.gov>]  
**Sent:** Friday, August 15, 2014 10:08 AM  
**To:** jerry poston  
**Subject:** RE: heaven sent psc app

Does this company want the d/b/a Advanced Care Transportation added on the name?

**From:** jerry poston [<mailto:jerry@hospitality-ins.com>]  
**Sent:** Friday, August 15, 2014 10:02 AM  
**To:** Janice.Schmieding; Tricia.DeSanty  
**Cc:** [jessica@hospitality-ins.com](mailto:jessica@hospitality-ins.com)  
**Subject:** FW: heaven sent psc app

Hello. Please see the following app for Charter Authority. TGIF!!!

Thank You,

Jerry Poston

Insurance Agent  
Hospitality Insurance Agency, LLC  
2843-A W Palmetto Street  
Florence, SC 29501  
Phone: 843-407-5082 x 101  
Fax: 843-536-0782  
Email: [jerry@hospitality-ins.com](mailto:jerry@hospitality-ins.com)  
Website: [www.hospitality-ins.com](http://www.hospitality-ins.com)  
"Please ask about our Group Benefits or Life Products!"



Check Us Out!

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**From:** [service@hospitality-ins.com](mailto:service@hospitality-ins.com) [<mailto:service@hospitality-ins.com>]  
**Sent:** Friday, August 15, 2014 10:56 AM  
**To:** Jerry  
**Subject:** heaven sent psc app